

B1 (Official Form 1) (04/13)

| United States Bankruptcy Court WESTERN DISTRICT OF TEXAS AUSTIN DIVISION | | | | Voluntary Petition | |
|--|--|--|---|---|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): King, Chad Westley | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6777 | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): | | |
| Street Address of Debtor (No. and Street, City, and State): 608 Haleys Cove Leander, TX | | | Street Address of Joint Debtor (No. and Street, City, and State): | | |
| ZIP CODE 78641 | | | ZIP CODE | | |
| County of Residence or of the Principal Place of Business: Williamson | | | County of Residence or of the Principal Place of Business: | | |
| Mailing Address of Debtor (if different from street address): | | | Mailing Address of Joint Debtor (if different from street address): | | |
| ZIP CODE | | | ZIP CODE | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | |
| ZIP CODE | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding | |
| Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | | Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code). | | Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. | |
| Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | |
| Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |

B1 (Official Form 1) (04/13)

Page 2

| | | | |
|--|---------------|--|--|
| Voluntary Petition <i>(This page must be completed and filed in every case.)</i> | | Name of Debtor(s): Chad Westley King | |
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) | | | |
| Location Where Filed: None | Case Number: | Date Filed: | |
| Location Where Filed: | Case Number: | Date Filed: | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.) | | | |
| Name of Debtor: | Case Number: | Date Filed: | |
| District: | Relationship: | Judge: | |
| Exhibit A <small>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</small> <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | Exhibit B <small>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</small> I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X /s/ Elizabeth Hickson Elizabeth Hickson </div> <div> 7/9/2015 Date </div> </div> | |
| Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No. | | | |
| Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) | | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately | | | |
| <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. | | | |
| <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-top: 20px;"> _____ (Address of landlord) </div> | | | |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire | | | |
| <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the | | | |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Chad Westley King****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Chad Westley King
Chad Westley King**X** _____

Telephone Number (If not represented by attorney)

7/9/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)



request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney***X** /s/ Elizabeth Hickson
Elizabeth HicksonBar No. **09586000****Hickson Law P.C.**
4833 Spicewood Springs RdPhone No. **(512) 346-8597**Fax **(512) 346-2047**7/9/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**B 1D (Official Form 1, Exhibit D) (12/09/09) UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**B 1D (Official Form 1, Exhibit D) (12/09/09) UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Chad Westley King**
Chad Westley King

Date: **7/9/2015**

B6A (Official Form 6A) (12/07)

In re Chad Westley King

Case No. _____
(if known)**SCHEDULE A - REAL PROPERTY**

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption | Amount Of Secured Claim |
|--------------------------------------|---|------------------------------------|--|-------------------------|
| None | | | | |
| Total: | | | \$0.00 | |

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|--|----------|--------------------------------------|---------------------------------------|--|
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives. | | Cash on deposit w/Chase | - | \$470.00 |
| | | Cash on dep[osit w/Woodforest | - | \$779.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video and computer equipment. | X | | | |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books | - | \$600.00 |
| 6. Wearing apparel. | | Wearing apparel | - | \$997.00 |
| | | Accessories | - | \$62.00 |
| | | Shoes | - | \$62.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |

B6B (Official Form 6B) (12/07) -- Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|--------------------------------------|---------------------------------------|--|
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |

B6B (Official Form 6B) (12/07) -- Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|--|---------------------------------------|--|
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2010 Nissan XTerra - debt and title in mother's name | - | \$10,000.00 |
| 26. Boats, motors, and accessories. | X | | | |

B6B (Official Form 6B) (12/07) -- Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|--------------------------------------|---------------------------------------|--|
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) <div> 3 continuation sheets attached Total > </div> </div> | | | | \$12,970.00 |

B6C (Official Form 6C) (4/13)

In re **Chad Westley King**Case No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*
(Check one box)☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--------------------------------------|----------------------------|---|
| Cash on deposit w/Chase | 11 U.S.C. § 522(d)(5) | \$470.00 | \$470.00 |
| Cash on dep[osit w/Woodforest | 11 U.S.C. § 522(d)(5) | \$779.00 | \$779.00 |
| Books | 11 U.S.C. § 522(d)(3) | \$600.00 | \$600.00 |
| Wearing apparel | 11 U.S.C. § 522(d)(3) | \$997.00 | \$997.00 |
| Accessories | 11 U.S.C. § 522(d)(3) | \$62.00 | \$62.00 |
| Shoes | 11 U.S.C. § 522(d)(3) | \$62.00 | \$62.00 |
| 2010 Nissan XTerra - debt and title in mother's name | 11 U.S.C. § 522(d)(2) | \$3,675.00 | \$10,000.00 |
| | 11 U.S.C. § 522(d)(5) | \$325.00 | |
| | | \$6,970.00 | \$12,970.00 |

* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|--|--|------------|--------------|----------|--|---------------------------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Subtotal (Total of this Page) > | | | | | | \$0.00 | \$0.00 |
| Total (Use only on last page) > | | | | | | \$0.00 | \$0.00 |

_____**No**____ continuation sheets attached(Report also
on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain
Liabilities)

B6E (Official Form 6E) (04/13)

In re **Chad Westley King**

Case No. _____

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian,
or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to
qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors
of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of*

 No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|--------------------|
| ACCT #: xxx9329 Austin Radiological Assoc. PO Box 4099 Austin, TX 78765 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$197.00 |
| ACCT #: xxx9329 Austin Radiological Assoc. PO Box 4099 Austin, TX 78765 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$273.00 |
| ACCT #: xx5701 Austin Regional Clinic PO Box 26726 Austin, TX 78755-0726 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$206.00 |
| ACCT #: Bluebonnet Trails 1009 N. Georgetown St. Round Rock, TX 78664-3289 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$50.25 |
| ACCT #: Brackenridge Hospital 601 E. 15th St. Austin, TX 78701 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$5,443.75 |
| ACCT #: xxxxxx9683 Brackenridge Hospital 601 E. 15th St. Austin, TX 78701 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$0.00 |
| Subtotal > | | | | | | \$6,170.00 |
| Total > | | | | | | |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

6 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|---------------------------|
| ACCT #: xxxxxxxx6544 Brazos Valley Pathology PO Box 163567 Austin, TX 78716 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$75.00 |
| ACCT #: xxxx-xxxx-xxxx-6654 Capital One Bank P.O. Box 85149 Richmond, VA 23295-0001 | - | DATE INCURRED: CONSIDERATION: Credit Card Purchases REMARKS: | | | | \$1,851.94 |
| ACCT #: Cedar Park Regional Medical Center 1401 Medical Parkway Cedar Park, TX 78613 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$9,396.26 |
| ACCT #: Cedar Park Regional Medical Center 1401 Medical Parkway Cedar Park, TX 78613 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$5,496.00 |
| ACCT #: xxxxxxxx0058 Cedar Park Regional Medical Center 1401 Medical Parkway Cedar Park, TX 78613 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$6,448.00 |
| ACCT #: Cedar Park Regional Medical Center 1401 Medical Parkway Cedar Park, TX 78613 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$602.00 |
| Subtotal > | | | | | | \$23,869.20 |
| Sheet no. <u>1</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | Total > |

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: | | DATE INCURRED: | | | | |
| Dreamer Video | - | CONSIDERATION: | | | | \$30.00 |
| 3401 N. IH 35 | | Fees | | | | |
| Austin, TX 78722 | | REMARKS: | | | | |
| ACCT #: xxxxxx8535 | | DATE INCURRED: | | | | |
| Emergency Physicians of | - | CONSIDERATION: | | | | \$1,017.00 |
| Central Texas | | Medical Services | | | | |
| P.O. Box 2283 | | REMARKS: | | | | |
| Mansfield, TX 76063-0047 | | | | | | |
| ACCT #: xxxxxxxx9683 | | DATE INCURRED: | | | | |
| Emergency Physicians of | - | CONSIDERATION: | | | | \$414.00 |
| Central Texas | | Medical Services | | | | |
| P.O. Box 2298 | | REMARKS: | | | | |
| San Anontio, TX 78298 | | | | | | |
| ACCT #: | | DATE INCURRED: | | | | |
| First National Collection Bureau | - | CONSIDERATION: | | | | \$0.00 |
| 610 Waltham Way | | Collecting for First Premier | | | | |
| Sparks, NV 89434 | | REMARKS: | | | | |
| ACCT #: xxxx-xxxx-xxxx-5841 | | DATE INCURRED: | | | | |
| First Premier Bank | - | CONSIDERATION: | | | | \$634.53 |
| 3820 N. Louise Avenue | | Credit Card | | | | |
| Sioux Falls, SD 57107 | | REMARKS: | | | | |
| ACCT #: xxxx-xxxx-xxxx-8243 | | DATE INCURRED: | | | | |
| First Premier Bank | - | CONSIDERATION: | | | | \$511.79 |
| 3820 N. Louise Avenue | | Credit Card | | | | |
| Sioux Falls, SD 57107 | | REMARKS: | | | | |

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$2,607.32

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: | | DATE INCURRED: | | | | |
| FMS, Inc | - | CONSIDERATION: | | | | |
| P.O. Box 707601 | | Collecting for Macy's | | | | \$0.00 |
| Tulsa, OK 74170 | | REMARKS: | | | | |
| ACCT #: | | DATE INCURRED: | | | | |
| GLA Collection Company, Inc. | - | CONSIDERATION: | | | | |
| PO Box 7728 | | Collecting for Rock Springs | | | | \$0.00 |
| Louisville, KY 40257-0728 | | REMARKS: | | | | |
| ACCT #: xFA32 | | DATE INCURRED: | | | | |
| Harold F. Aderman, MD | - | CONSIDERATION: | | | | |
| 3007 Dawn Drive #105 | | Medical Services | | | | \$843.00 |
| Georgetown, TX 78628-2864 | | REMARKS: | | | | |
| ACCT #: xxx7401 | | DATE INCURRED: | | | | |
| HNI Medical Services | - | CONSIDERATION: | | | | |
| 75 Remittance Dr. #1653 | | Medical Services | | | | \$239.26 |
| Chicago, IL 60675-1653 | | REMARKS: | | | | |
| ACCT #: | | DATE INCURRED: | | | | |
| Jolas & Assoc. | - | CONSIDERATION: | | | | |
| 202 1st St NW | | Collecting for Brackenridge | | | | \$0.00 |
| P.O. Box 4000 | | REMARKS: | | | | |
| Mason City, IA 50401 | | | | | | |
| ACCT #: xxxx-xxxx-xxxx-1547 | | DATE INCURRED: | | | | |
| Macy's | - | CONSIDERATION: | | | | |
| PO Box 8061 | | Credit Card Purchases | | | | \$4,644.05 |
| Mason, OH 45040 | | REMARKS: | | | | |

Sheet no. 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$5,726.31****Total >**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|--|
| ACCT #: xxxxxxx7439 Macy's PO Box 6938 The Lakes, NV 88901-6938 | - | DATE INCURRED: CONSIDERATION: Credit Card Purchases REMARKS: | | | | \$1,371.65 |
| ACCT #: xxxxxxx2981 Navient PO Box 9500 Wiles-Barre, PA 18773-9500 | - | DATE INCURRED: CONSIDERATION: Student Loan REMARKS: | | | | \$10,706.47 |
| ACCT #: NCO Financial Systems 507 Prudential Rd. Horsham, PA 19044 | - | DATE INCURRED: CONSIDERATION: Collecting for Macy's REMARKS: | | | | \$0.00 |
| ACCT #: Northland Group, Inc. PO Box 390846 Minneapolis, MN 55439 | - | DATE INCURRED: CONSIDERATION: Collecting for Capital One REMARKS: | | | | \$0.00 |
| ACCT #: PASI PO Box 188 Brentwood, TN 37024-0188 | - | DATE INCURRED: CONSIDERATION: Collecting for Cedar Park Regional REMARKS: | | | | \$0.00 |
| ACCT #: xxxxxxxxxxxx1578 Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541 | - | DATE INCURRED: CONSIDERATION: Credit Card Purchases/HSBC REMARKS: | | | | \$2,939.03 |
| Sheet no. 4 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal > \$15,017.15 |
| Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | |

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: xxxx-xxxx-xxxx-9671 Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541 | - | DATE INCURRED: CONSIDERATION: Credit Card Purchases/HSBC REMARKS: | | | | \$645.10 |
| ACCT #: xxxx-xxxx-xxxx-6915 Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541 | - | DATE INCURRED: CONSIDERATION: Credit Card Purchases/Orchard Bank REMARKS: | | | | \$1,508.22 |
| ACCT #: xxxxxxxx6544 Reitpath Pathology PO Box 163567 Austin, TX 78716 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$98.70 |
| ACCT #: xx2074 Rock Springs, LLC 700 Southeast Inner Loop Georgetown, TX 78626 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$3,800.00 |
| ACCT #: xxxxxx9683 Seton Hospital 1201 W. 38th St Austin, TX 78705-1056 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$5,163.96 |
| ACCT #: xxxx2034 St. David's Hospital PO Box 740794 Cincinnati, OH 45274-0794 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$3,200.00 |

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$14,415.98****Total >**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: xxx7063 Williamson County EMS PO Box 691363 Houston, TX 77269 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$700.00 |
| ACCT #: xxx0819 Williamson County EMS PO Box 691363 Houston, TX 77269 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$700.00 |
| ACCT #: xxxx7067 Williamson County EMS PO Box 868 Voorhees, NJ 08043 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$894.00 |
| ACCT #: xxxx2838 Williamson County EMS PO Box 868 Voorhees, NJ 08043 | - | DATE INCURRED: CONSIDERATION: Medical Services REMARKS: | | | | \$1,418.00 |
| | | | | | | |
| | | | | | | |

Sheet no. **6** of **6** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$3,712.00****Total >****\$71,517.96**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Chad Westley King**

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| | |

B6H (Official Form 6H) (12/07)

In re **Chad Westley King**Case No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

Fill in this information to identify your case:

| | | | |
|---|-------------|----------------|-------------|
| Debtor 1 | Chad | Westley | King |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the WESTERN DISTRICT OF TEXAS | | | |
| Case number (if known) | | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income**12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|---------------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | Architectural Consultant/Ind. | |
| Employer's name | Independent Contractor SLG Archit | |
| Employer's address | 3823 A Bee Cave Road | |
| | Number Street | Number Street |
| | | |
| | | |
| | Austin TX 78746 | |
| | City State Zip Code | City State Zip Code |

How long employed there? **15 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (Include all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$0.00 | |
| 3. Estimate and list monthly overtime pay. | 3. + \$0.00 | |
| 4. Calculate gross income (Add line 2 + line 3.) | 4. \$0.00 | |

Debtor 1 **Chad** **Westley** **King** Case number (if known) _____
 First Name Middle Name Last Name

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------|---|
| Copy line 4 here → 4. | \$0.00 | |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$0.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. \$0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. \$0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. \$0.00 | |
| 5e. Insurance | 5e. \$0.00 | |
| 5f. Domestic support obligations | 5f. \$0.00 | |
| 5g. Union dues | 5g. \$0.00 | |
| 5h. Other deductions. Specify: _____ | 5h.+ \$0.00 | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | \$0.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | \$0.00 | |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a Attach a statement for each property and business showing gross receipts, ordinary and necessary business | 8a. \$2,845.00 | |
| 8b. Interest and dividends | 8b. \$0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a Include alimony, spousal support, child support, maintenance, | 8c. \$0.00 | |
| 8d. Unemployment compensation | 8d. \$0.00 | |
| 8e. Social Security | 8e. \$0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Specify: _____ | 8f. \$0.00 | |
| 8g. Pension or retirement income | 8g. \$0.00 | |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$0.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | \$2,845.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$2,845.00 | + = \$2,845.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Specify: _____ | | 11. + \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies. | | \$2,845.00 Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: | | |

Debtor 1 **Chad** **Westley** **King** Case number (if known) _____
First Name Middle Name Last Name

8a. Attached Statement (Debtor 1)

Contract Income

Gross Monthly Income: **\$4,000.00**

| <u>Expense</u> | <u>Category</u> | <u>Amount</u> |
|-----------------|-----------------|-----------------|
| Supplies | Supplies | \$100.00 |
| Vehicle Expense | Vehicle Expense | \$880.00 |
| | Entertainment | \$100.00 |
| Fees | Fees | \$25.00 |
| Insurance | Insurance | \$50.00 |

Total Monthly Expenses **\$1,155.00**

Net Monthly Income: **\$2,845.00**

Fill in this information to identify your case:

| | | | |
|--|----------------------------------|----------------------------|--------------------------|
| Debtor 1 | <u>Chad</u> | <u>Westley</u> | <u>King</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the | <u>WESTERN DISTRICT OF TEXAS</u> | | |
| Case number (if known) | _____ | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses**12/13**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|------------------------|---|
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case

to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$500.00**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Chad** **Westley** **King** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

| | | |
|--|------|-----------------|
| 5. Additional mortgage payments for your residence , as home equity loans | 5. | _____ |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | <u>\$55.00</u> |
| 6b. Water, sewer, garbage collection | 6b. | <u>\$45.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | <u>\$171.00</u> |
| 6d. Other. Specify: _____ | 6d. | _____ |
| 7. Food and housekeeping supplies | 7. | <u>\$350.00</u> |
| 8. Childcare and children's education costs | 8. | _____ |
| 9. Clothing, laundry, and dry cleaning | 9. | <u>\$105.00</u> |
| 10. Personal care products and services | 10. | <u>\$125.00</u> |
| 11. Medical and dental expenses | 11. | <u>\$100.00</u> |
| 12. Transportation Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | _____ |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | <u>\$50.00</u> |
| 14. Charitable contributions and religious donations | 14. | <u>\$400.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | _____ |
| 15b. Health insurance | 15b. | _____ |
| 15c. Vehicle insurance | 15c. | _____ |
| 15d. Other insurance. Specify: _____ | 15d. | _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | _____ |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 Capital One | 17a. | <u>\$425.80</u> |
| 17b. Car payments for Vehicle 2 Es taxes | 17b. | <u>\$500.00</u> |
| 17c. Other. Specify: _____ | 17c. | _____ |
| 17d. Other. Specify: _____ | 17d. | _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. | _____ |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. | _____ |
| 20b. Real estate taxes | 20b. | _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. | _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | _____ |
| 20e. Homeowner's association or condominium dues | 20e. | _____ |

Debtor 1 **Chad** **Westley** **King** Case number (if known) _____
First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. **Your monthly expenses** Add lines 4 through 21.
 The result is your monthly expenses.

22. **\$2,826.80**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$2,845.00**

23b. Copy your monthly expenses from line 22 above.

23b. - **\$2,826.80**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. **\$18.20**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

☒ No.
☐ Yes.

Explain here:

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re **Chad Westley King**

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------|-------------|------------|
| A - Real Property | Yes | 1 | \$0.00 | | |
| B - Personal Property | Yes | 4 | \$12,970.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 7 | | | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 3 | | | \$2,845.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 3 | | | \$2,826.80 |
| TOTAL | | 23 | \$12,970.00 | \$71,517.96 | |

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re **Chad Westley King**

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------------------|
| Domestic Support Obligations (from Schedule E) | \$0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$0.00 |
| Student Loan Obligations (from Schedule F) | \$10,706.47 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$0.00 |
| TOTAL | \$10,706.47 |

State the following:

| | |
|--|-------------------|
| Average Income (from Schedule I, Line 12) | \$2,845.00 |
| Average Expenses (from Schedule J, Line 22) | \$2,826.80 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | \$2,230.41 |

State the following:

| | | |
|--|---------------|--------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$0.00 |
| 4. Total from Schedule F | | \$71,517.96 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$71,517.96 |

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Chad Westley King**

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **25** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **7/9/2015**

Signature **/s/ Chad Westley King**
Chad Westley King

Date _____

Signature _____

[If joint case, both spouses must sign.]

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

| AMOUNT | SOURCE |
|--------------------|---|
| \$19,654.37 | YTD gross contract income |
| | \$13382.44 YTD net contract income |
| \$17,159.85 | 2014 gross business income |
| \$7,201.00 | 2013 wages |

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

None

☒

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency.

None

☐

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|--------------------|-----------------|--------------------|
| Gloria King 608 Haleys Cove Leander, TX 78641 | monthly | \$425.80 | \$7,167.21 |

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

7. Gifts

None



List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

**NAME AND ADDRESS OF PERSON
OR ORGANIZATION**
Reach Church
Austin, TX

**RELATIONSHIP TO
DEBTOR, IF ANY** **DATE OF GIFT**
church monthly

**DESCRIPTION AND
VALUE OF GIFT**
\$400.00

8. Losses

None



List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|---|---|
| Hickson Law, P.C. 4833 Spicewood Springs Suite 200 Austin, TX 78759 | 07/1/2015 | \$1,685.00 |
| Summit | 6/29/2015 | \$9.95 |

10. Other transfers

None

☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter

None

☒

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or

11. Closed financial accounts

None

☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

12. Safe deposit boxes

None

☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

13. Setoffs

None

☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

14. Property held for another person

None

☒

List all property owned by another person that the debtor holds or controls.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

15. Prior address of debtor

None



If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
SOCIAL-SECURITY OR OTHER INDIVIDUAL
TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

NATURE OF BUSINESS**BEGINNING AND ENDING
DATES**

**Mr. King has been self employed a contractor
since 7/2014**

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the

None



b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

20. Inventories

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re: **Chad Westley King**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the

24. Tax Consolidation Group

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of

25. Pension Funds

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer,

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 7/9/2015Signature /s/ Chad Westley King
of Debtor Chad Westley King

Date _____

Signature _____
of Joint Debtor
(if any)*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.**18 U.S.C. §§ 152 and 3571*

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Chad Westley King**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|---|---|
| Property No. 1 | |
| Creditor's Name: None | Describe Property Securing Debt: |
| Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt | |

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| | | |
|-------------------------------|----------------------------------|--|
| Property No. 1 | | |
| Lessor's Name: None | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/> |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 7/9/2015Signature /s/ Chad Westley King
Chad Westley King

Date _____

Signature _____

B 201B (Form 201B) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re **Chad Westley King**

Case No. _____

Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Chad Westley King**X /s/ Chad Westley King****7/9/2015**

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, **Elizabeth Hickson**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Elizabeth Hickson

Elizabeth Hickson, Attorney for Debtor(s)

Bar No.: 09586000

Hickson Law P.C.

4833 Spicewood Springs Rd

Phone: (512) 346-8597

Fax: (512) 346-2047

E-Mail: lizhickson@hicksonlawpc.com

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: Chad Westley King

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION UNDER 11 U.S.C. § 329 AND B.R. 2016(B)

| | |
|--|---------------|
| Amount paid: | \$1,350.00 |
| Amount to be paid: | |
| Property transferred to attorney: | None |
| Collateral held by attorney: | None |
| Source of compensation: | Current wages |

I certify that I am the attorney for the above named debtor, and that the compensation paid or agreed to be paid to me for services rendered or to be rendered on behalf of the Debtor in or in connection with a case under Title 11 of the United States Code, such payment or agreement having been made after one year before the date of filing of the petition, is as indicated above.

I further certify that the Debtor has been informed and has agreed that the compensation paid shall include the following legal services: (a) All conferences with the Debtor; (b) Preparation of Petition and Schedules; (c) Attendance at 341 First Meeting and attendance at reaffirmation and/or confirmation hearings; (d) Preparation of routine motions.

I have not agreed to share this compensation with any person other than members of the firm.

Date 7/9/2015

/s/ Chad Westley King
Chad Westley King

/s/ Elizabeth Hickson
Elizabeth Hickson

Bar No. **09586000**

Hickson Law P.C.

4833 Spicewood Springs Rd

Phone: (512) 346-8597 / Fax: (512) 346-2047

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: Chad Westley King

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/9/2015

Signature /s/ Chad Westley King
Chad Westley King

Date _____

Signature _____

Austin Radiological Assoc.
PO Box 4099
Austin, TX 78765

Austin Regional Clinic
PO Box 26726
Austin, TX 78755-0726

Bluebonnet Trails
1009 N. Georgetown St.
Round Rock, TX 78664-3289

Brackenridge Hospital
601 E. 15th St.
Austin, TX 78701

Brazos Valley Pathology
PO Box 163567
Austin, TX 78716

Capital One Bank
P.O. Box 85149
Richmond, VA 23295-0001

Cedar Park Regional Medical Center
1401 Medical Parkway
Cedar Park, TX 78613

Dreamer Video
3401 N. IH 35
Austin, TX 78722

Emergency Physicians of
Central Texas
P.O. Box 2283
Mansfield, TX 76063-0047

Emergency Physicians of
Central Texas
P.O. Box 2298
San Antonio, TX 78298

First National Collection Bureau
610 Waltham Way
Sparks, NV 89434

First Premier Bank
3820 N. Louise Avenue
Sioux Falls, SD 57107

FMS, Inc
P.O. Box 707601
Tulsa, OK 74170

GLA Collection Company, Inc.
PO Box 7728
Louisville, KY 40257-0728

Harold F. Aderman, MD
3007 Dawn Drive #105
Georgetown, TX 78628-2864

HNI Medical Services
75 Remittance Dr. #1653
Chicago, IL 60675-1653

Jolas & Assoc.
202 1st St NW
P.O. Box 4000
Mason City, IA 50401

Macy's
PO Box 8061
Mason, OH 45040

Macy's
PO Box 6938
The Lakes, NV 88901-6938

Navient
PO Box 9500
Wiles-Barre, PA 18773-9500

NCO Financial Systems
507 Prudential Rd.
Horsham, PA 19044

Northland Group, Inc.
PO Box 390846
Minneapolis, MN 55439

PASI
PO Box 188
Brentwood, TN 37024-0188

Portfolio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541

Reitpath Pathology
PO Box 163567
Austin, TX 78716

Rock Springs, LLC
700 Southeast Inner Loop
Georgetown, TX 78626

Seton Hospital
1201 W. 38th St
Austin, TX 78705-1056

St. David's Hospital
PO Box 740794
Cincinnati, OH 45274-0794

Williamson County EMS
PO Box 691363
Houston, TX 77269

Williamson County EMS
PO Box 868
Voorhees, NJ 08043

Fill in this information to identify your case:

| | | | |
|---|-------------|----------------|-------------|
| Debtor 1 | Chad | Westley | King |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the WESTERN DISTRICT OF TEXAS | | | |
| Case number (if known) | | | |

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under
- ☐ 3. The Means Test does not apply now because of qualified military service but it could

☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status?** Check one only.

- ☒ **Not married** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$0.00 | |
| 3. Alimony and maintenance payments Do not include payments from a spouse if Column B is filled in. | \$0.00 | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from | \$0.00 | |

Debtor 1 **Chad** **Westley** **King**
 First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

Gross receipts (before all deductions) \$3,275.73

Ordinary and necessary operating expenses — \$1,045.32

Net monthly income from a business, profession, or farm \$2,230.41

Copy
here →

\$2,230.41

6. Net income from rental and other real property

Gross receipts (before all deductions) \$0.00

Ordinary and necessary operating expenses — \$0.00

Net monthly income from rental or other real property \$0.00

Copy
here →

\$0.00

7. Interest, dividends, and royalties

\$0.00

8. Unemployment compensation

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse.....

9. Pension or retirement income Do not include any amount received that was a benefit under the Social Security Act.

\$0.00

10. Income from all other sources not listed above Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,

10a. _____

10b. _____

10c. Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$2,230.41

+

\$2,230.41

**Total current
monthly income**

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11..... **Copy line 11 here →** 12a. \$2,230.41

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. \$26,764.92

Debtor 1 **Chad** **Westley** **King** Case number (if known) _____
First Name Middle Name Last Name

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household..... 13.

\$42,908.00

To find a list of applicable median income amounts, go online using the link specified in the separate

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check **There is no presumption of abuse.**
Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check **The presumption of abuse is determined by Form 22A-2.**
Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Chad Westley King
Chad Westley King

X _____
 Signature of Debtor 2

Date 7/9/2015
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.